

<i>SERFF Tracking Number:</i>	<i>AMLC-125899428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>41910</i>
<i>Company Tracking Number:</i>	<i>GLGSADP</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accidental Death Policy</i>		
<i>Project Name/Number:</i>	<i>Group Accidental Death Policy /GLGSADP</i>		

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Group Accidental Death Policy SERFF Tr Num: AMLC-125899428 State: ArkansasLH

TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 41910

Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: GLGSADP State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Author: Mary Johnson Disposition Date: 01/28/2009

Date Submitted: 01/26/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Group Accidental Death Policy

Project Number: GLGSADP

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Domicile state will be included as part of a group trust

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Trust

Filing Status Changed: 01/28/2009

State Status Changed: 01/28/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please find attached for your review and approval the aforementioned Group Accidental Death Policy and related forms.

The attached forms are being submitted as a new filing and do not replace any previously approved forms. The forms are being filed for use with other groups eligible according to Title 18, Chapter 35, Section 3509 of the Delaware Code.

Up to \$20,000 of coverage is available under the Accidental Death Insurance Policy form GLGSADP, with premium being due on the first anniversary of the policy if the insured decides to continue the insurance.

<i>SERFF Tracking Number:</i>	<i>AMLC-125899428</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
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The group policy will be issued to a trustee Policyholder in the State of Delaware and filed in all jurisdictions where the company does business. This coverage will be agent sold.

Attached are printed forms in John Doe Fashion. The forms do not contain any unusual or unorthodox provisions or wording. A copy of the Actuarial Memorandum along with the readability certification is being submitted with this filing.

Company and Contact

Filing Contact Information

Mary Johnson, Compliance Analyst	mjohnson@torchmarkcorp.com
3700 S. Stonebridge Drive	(214) 544-5335 [Phone]
McKinney, TX 75070	(972) 569-3728[FAX]

Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing x 1 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	01/26/2009	25255852

<i>SERFF Tracking Number:</i>	<i>AMLC-125899428</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accidental Death Policy</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2009	01/28/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Group Accidental Death Certificate	Form	Mary Johnson	01/26/2009	01/26/2009

<i>SERFF Tracking Number:</i>	<i>AMLC-125899428</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Accidental Death Policy</i>		
<i>Project Name/Number:</i>	<i>Group Accidental Death Policy /GLGSADP</i>		

Disposition

Disposition Date: 01/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125899428 State: Arkansas

Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 41910

Company Tracking Number: GLGSADP

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group Accidental Death Policy

Project Name/Number: Group Accidental Death Policy /GLGSADP

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Group Accidental Death Policy	Approved-Closed	Yes
Form (revised)	Group Accidental Death Certificate	Approved-Closed	Yes
Form	Group Accidental Death Certificate	Replaced	Yes
Form	Group Accidental Death Application	Approved-Closed	Yes

SERFF Tracking Number: AMLC-125899428 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 41910
 Company Tracking Number: GLGSADP
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accidental Death Policy
 Project Name/Number: Group Accidental Death Policy /GLGSADP

Amendment Letter

Amendment Date:
 Submitted Date: 01/26/2009

Comments:

Amending the readability score.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GLGSADC	Certificate	Group Accidental Death Certificate	Initial				54	GLGSADC.pdf

SERFF Tracking Number: AMLC-125899428 State: Arkansas

Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 41910

Company Tracking Number: GLGSADP

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group Accidental Death Policy

Project Name/Number: Group Accidental Death Policy /GLGSADP

Form Schedule

Lead Form Number: GLGSADP

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GLGSADP	Policy/Cont	Group Accidental ract/Fratern Death Policy al Certificate	Initial		58	GLGSADP.pdf
Approved-Closed	GLGSADC	Certificate	Group Accidental Death Certificate	Initial		54	GLGSADC.pdf
Approved-Closed	GLGSAD-AP	Application/Enrollment	Group Accidental Death Application Form	Initial			GLGSAD-AP.pdf

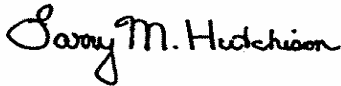
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184
(The "Company")

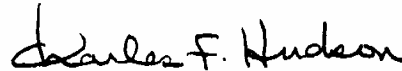
GROUP POLICY NUMBER: [12345]
HOLDER: [ABC Trust]
GROUP EFFECTIVE DATE: [NOVEMBER 01, 2008]

In consideration of the provisions of the Application for this Policy, which is attached, and payment of the premium, the Company hereby agrees to pay benefits provided by the terms, riders, endorsements and amendments hereto which are signed by the Company. The terms shall determine the rights and obligations of all persons and legal entities under this Policy.

Signed for Globe Life And Accident Insurance Company as of the Group Effective Date.



Secretary



President

Countersigned by:

GROUP ACCIDENTAL DEATH INSURANCE POLICY

DEFINITIONS

Where used in this policy:

ACCIDENT: A fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY: Unexpected traumatic damage to the Insured's body, of external origin.

ACCIDENTAL DEATH: Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 180 days after the date of the Accident, directly and independently of all other causes.

BENEFIT: We will pay the Accidental Death Benefit shown in the schedule on page one of the certificate when We receive due proof of the accidental death of the Insured while the certificate is in force. The benefit for Your spouse, if any, will be the Accidental Death Benefit shown in the schedule on page one of the certificate. The benefit payable for the death of each of Your children, if any, will be one-third the Accidental Death Benefit shown in the schedule on page one of the certificate.

HOLDER: The legal entity named as the Holder on the Cover Page of this Policy.

WE, OUR, US, or COMPANY: Globe Life And Accident Insurance Company at Our Administrative Office in Oklahoma City, Oklahoma.

INSURED: An eligible person who is named in the Schedule of Benefits and Premiums.

AGE: The age last birthday of the Insured.

CERTIFICATE ANNIVERSARY: Shall be determined from the effective date of the Insured's certificate.

CERTIFICATE HOLDER: The person who completes the enrollment form applying for insurance coverage on an Insured to whom the Certificate is issued.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

INJURY: Bodily injury caused by an accident occurring while the insurance is in force and which results in death within 180 days after the date of the accident, directly and independently of all other causes.

ELIGIBILITY

Persons specified in the application for this Policy or relatives of such persons are eligible persons for insurance afforded by the Policy, subject to the Company's issue age limits.

EFFECTIVE DATE OF GROUP ACCIDENTAL DEATH INSURANCE COVERAGE

Insurance may be requested for any eligible person by completing an enrollment form. If an eligible person is accepted for insurance coverage by the Company, the insurance will become effective on the Effective Date shown on the eligible person's certificate.

But, in no case shall coverage take effect on any date prior to the Group Effective Date of this Policy.

TERMINATION OF COVERAGE

The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid.

Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned, unless accepted by Us under the Reinstatement provision.

BENEFITS

ACCIDENTAL DEATH BENEFIT: We will pay the Accidental Death Benefit shown in the schedule on page one of the certificate when We receive due proof of the accidental death of the Insured while the certificate is in force. The benefit for Your spouse, if any, will be the Accidental Death Benefit shown in the schedule on page one of the certificate. The benefit payable for the death of each of Your children, if any, will be one-third the Accidental Death Benefit shown in the schedule on page one of the certificate.

ASSIGNABILITY: An absolute assignment by a Certificate Holder of all the incidents of ownership of his or her Insurance will be permitted. However, We will not be bound by any assignment unless:

- a. It is in writing; and
- b. Acknowledged by Us at our Administrative Office.

We will not be responsible for the validity of any such assignments.

EXCLUSIONS

This policy does not cover death caused by:

1. Disease, sickness, infection, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, controlled substance unless taken on the advice of a physician;
4. Voluntary, gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed or endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is that which is determined and defined by the by the laws of the geographical area in which the Accident occurred.
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, felony, or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War, or act of war, whether declared or not;
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

GENERAL MATTERS

GROUP EFFECTIVE DATE - CONTINUATION OF POLICY: This policy takes effect on the Group Effective Date specified in the application for the period for which premium is paid and, unless terminated, continues in force as long as any person remains insured hereunder, in accordance with the conditions provided herein.

PAYMENT OF PREMIUM: Premiums are payable beginning on the first certificate anniversary. The frequency or mode of premium payments as shown in the schedule on page one may be changed with Our consent. The change in frequency payments will then become effective on the next premium due date.

NONPARTICIPATING: This policy is nonparticipating and does not share in the profits or surplus of the Company.

NOTICE OF CERTIFICATE HOLDER'S 30 DAY RIGHT TO EXAMINE CERTIFICATE: If the Certificate Holder does not want this coverage, the Certificate may be returned within 30 days after receiving it. We will then refund any premium paid and the Certificate will never have been in effect.

PAYMENTS BY THE COMPANY: Payments by the Company are payable from Our Administrative Office.

PAYMENT OF CLAIM: We will pay benefits for accidental death to the beneficiary named by the Certificate

Holder. The beneficiary shall be as designated in the enrollment form.

BENEFICIARY: The Beneficiary shall be as designated in the enrollment form to receive any accidental death benefits payable. If there is no beneficiary living or named, accidental death benefits will be payable to the Certificate Holder, if living; otherwise to the Certificate Holder's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

CHANGE OF BENEFICIARY: Unless the Certificate Holders provide otherwise in writing to Us, the Certificate Holder may change the beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was signed, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

PROOF OF DEATH: Written proof of death must be given within 180 days after the accidental death of the Insured. If it was not reasonably possible to give written proof in the time required, We may not deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapable of doing so.

PHYSICAL EXAM OR AUTOPSY: We may examine each covered person when reasonably necessary for that person's pending claim. We may also ask for an autopsy unless prohibited by law. These will be done at Our expense.

LEGAL ACTION: The Certificate Holder cannot sue Us for benefits under the Group Policy sooner than 60 days after We have been provided with written proof of death as required. No such action may be brought after 3 years from the time written proof of death is required.

ENTIRE CONTRACT-CHANGES: This policy, the application, and the endorsements and other attached papers signed by the Company, if any, and each individual enrollment form constitute the entire contract between the parties. In the absence of fraud, all statements made in the application and the individual enrollment forms shall be deemed representations and not warranties, and no statement made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in written instrument signed by the applicant, a copy of which has been made a part of the contract and furnished to the applicant.

No change in the Policy shall be valid unless approved by an executive officer (President, Vice President or Secretary) of the Company and unless such approval is endorsed on or attached to this policy.

GRACE PERIOD: If any premium after the first premium is not paid when due, it may be paid during the following 31 days. During the grace period, the Insured's coverage under this policy will stay in force.

REINSTATEMENT: Coverage may be reinstated at any time within one year after the default in premium payment if:

- a. Evidence of Insurability is provided to Us, and
- b. All overdue premiums are paid.

MISSTATEMENT OF AGE OR SEX: If there is a misstatement of age We will adjust the benefit to reflect the correct age of the Insured. If the Insured's sex is misstated in the enrollment form We will adjust the benefit as a result of any premiums unpaid or refund any excess premiums paid.

CONFORMITY WITH STATE LAWS: Any provision of this policy which on its Group Effective Date is in conflict with the laws of the jurisdiction in which this policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such laws.

CERTIFICATES: The Company will furnish, for delivery to each Certificate Holder, a certificate setting forth in summary form a statement of essential features of coverage, procedures to be followed in making claims and a statement as to whom benefits are payable.

STATEMENTS: In absence of fraud, all statements made by the Certificate Holder will be deemed representations and not warranties. No such representation will void the insurance or be used to deny a claim unless a copy (or a conformed copy thereof) of the instrument containing such representation is or has been furnished to the Certificate Holder or his beneficiary, if any.

ADMINISTRATION

All information which the Company may reasonably require about all matters concerning this policy shall be provided by the Holder through its Administrator, if any. All documents, books and records which may affect the insurance or premiums may be inspected by the Company at all reasonable times until final determination of all rights and obligations under this policy.

Mistake or delay in keeping any records, or misstatement of any relevant fact pertaining to any person shall not affect coverage, invalidate coverage in force or continue coverage which was, or should have been terminated, but shall require an equitable adjustment of premium or of benefits or both. The facts shall determine whether coverage is in force and in what amount.

In the administration of this policy there shall be no unfair discrimination among individuals in the same or similar circumstances.

Waiver of any provision of this policy (by the Company or others) at any time shall not be deemed to waive or modify it or render it partially or wholly unenforceable at any other time, whether the circumstances are the same or not.

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184

ACCIDENTAL DEATH INSURANCE CERTIFICATE

Globe Life And Accident Insurance Company certifies that it has issued the Group Policy GLGSADP, and that the Insured named in this certificate is insured, subject to the terms and conditions of the Group Policy.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If the Insured does not want this coverage, the Certificate may be returned within 30 days after receiving it. We will then refund any premium paid and the Certificate will never have been in effect.

ACCIDENTAL DEATH BENEFIT

Upon receipt of due proof of the accidental death of the Insured while coverage on such Insured is in force, We will pay the Accidental Death Benefit shown in the Schedule of Benefits and Premiums. The Accidental Death Benefit Terminates on the Certificate Anniversary following the Insured's 70th birthday.

SCHEDULE OF BENEFITS AND PREMIUMS

GROUP POLICY NUMBER: [12345]

HOLDER: [ABC TRUST]

CERTIFICATE NUMBER: [123]

CERTIFICATE EFFECTIVE DATE: [November 01, 2008]

INSURED: [JOHN DOE]

ISSUE AGE AND SEX: [35/M]

ACCIDENTAL DEATH BENEFIT [\$3,000]

PREMIUMS:

ANNUALLY
[\$10.00]

SEMI-ANNUALLY
[\$5.20]

QUARTERLY
[\$2.65]

MONTHLY
[\$0.90]

DEFINITIONS

ACCIDENT: A fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY: Unexpected traumatic damage to the Insured's body, of external origin.

ACCIDENTAL DEATH: Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 180 days after the date of the Accident, directly and independently of all other causes.

BENEFIT: We will pay the Accidental Death Benefit shown in the schedule on page one of the certificate when We receive due proof of the accidental death of the Insured while the certificate is in force. The benefit for Your spouse, if any, will be the Accidental Death Benefit shown in the schedule on page one of the certificate. The benefit payable for the death of each of Your children, if any, will be one-third the Accidental Death Benefit shown in the schedule on page one of the certificate.

HOLDER: The legal entity named as the Holder on the Cover Page of the Group Policy.

WE, OUR, US, or COMPANY: Globe Life And Accident Insurance Company at Our Administrative Office in Oklahoma City, Oklahoma.

YOU, YOUR, or YOURS: The person to whom this certificate is issued. (Also referred to as the Certificate Holder.)

INSURED: An eligible person who is named in the Schedule of Benefits and Premiums.

AGE: The age last birthday of the Insured.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

CERTIFICATE ANNIVERSARY: Shall be determined from the effective date of the Insured's certificate.

EXCLUSIONS

The Policy does not cover death caused by:

1. Disease, sickness, infection, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, controlled substance unless taken on the advice of a physician;
4. Voluntary, gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed or endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is that which is determined and defined by the by the laws of the geographical area in which the Accident occurred.
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, felony, or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War, or act of war, whether declared or not;
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

PREMIUMS AND REINSTATEMENT

PREMIUMS: Premiums are payable beginning on the first certificate anniversary. The frequency or mode of premium payments as shown in the schedule on page one may be changed with Our consent. The change in frequency payments will then become effective on the next premium due date.

DEFAULT: If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

GRACE PERIOD: A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his or her insurance shall continue in force.

REINSTATEMENT: Coverage may be reinstated at any time within one year after default in premium payment, if:

- a) The Insured provides evidence of insurability satisfactory to Us; and
- b) All overdue premiums are paid.

CERTIFICATE HOLDER AND BENEFICIARY PROVISIONS

CERTIFICATE HOLDER: Unless provided otherwise:

- a. The person who completes the enrollment form applying for insurance coverage on an Insured is the Certificate Holder. The Certificate Holder has the right to receive every benefit and exercise every right regarding the insurance under his or her Certificate.
- b. If the Certificate Holder dies, all rights will be vested in the Insured.

BENEFICIARY: The Beneficiary shall be as designated in the enrollment form to receive any accidental death benefits payable. If there is no Beneficiary living or named, accidental death benefits will be payable to the Certificate Holder, if living; otherwise to the Certificate Holder's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

CHANGE OF BENEFICIARY: Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

TERMINATION OF COVERAGE: The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned, unless accepted by Us under the Reinstatement provision in the policy.

GENERAL PROVISIONS

PAYMENTS BY THE COMPANY: Payments by the Company are payable from Our Administrative Office.

PROOF OF DEATH: Written proof of Accidental Death must be given within 180 days after the Accidental Death of the Insured. If it was not reasonably possible to give written proof in the time required, We may not deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapable of doing so.

PHYSICAL EXAM OR AUTOPSY: We may examine each covered person when reasonably necessary for that person's pending claim. We may also ask for an autopsy unless prohibited by law. These will be done at Our expense.

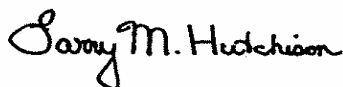
LEGAL ACTION: You cannot sue Us for benefits under the Group Policy sooner than 60 days after We have been provided with written proof of death as required. No such action may be brought after 3 years from the time written proof of death is required.

MISSTATEMENT OF AGE OR SEX: If there is a misstatement of age We will adjust the benefit to reflect the correct age of the Insured. If the Insured's sex is misstated in the enrollment form We will adjust the benefit as a result of any premiums unpaid or refund any excess premiums paid.

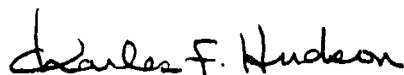
NONPARTICIPATING: The Group Policy is nonparticipating and does not share in the profits or surplus of the Company.

NO EFFECT ON WORKER'S COMPENSATION: The Group Policy does not alter any requirement for coverage by Worker's Compensation Insurance.

This certificate is signed for Us by Our Secretary and President.



Secretary



President

APPLICATION FOR INSURANCE
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
Administrative Offices: Globe Life Center, Oklahoma City, Oklahoma 73184

1. a. Group Policy Number: _____
- b. Holder: _____
2. Group Effective Date: _____
3. Eligible Persons: _____

FOR THE POLICYHOLDER:

Signed by _____ Title _____

Signed at _____ Date _____

<i>SERFF Tracking Number:</i>	<i>AMLC-125899428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>41910</i>
<i>Company Tracking Number:</i>	<i>GLGSADP</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accidental Death Policy</i>		
<i>Project Name/Number:</i>	<i>Group Accidental Death Policy /GLGSADP</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125899428 State: Arkansas
Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 41910
Company Tracking Number: GLGSADP
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accidental Death Policy
Project Name/Number: Group Accidental Death Policy /GLGSADP

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 01/28/2009
Comments:
Attachment:
Certification.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 01/28/2009
Bypass Reason: Application has been attached to the form tab.
Comments:

Satisfied -Name: Readability Certification **Review Status:** Approved-Closed 01/28/2009
Comments:
Attachment:
Readability Cert GLGSADP .xls.pdf

Satisfied -Name: Statement of Variability **Review Status:** Approved-Closed 01/28/2009
Comments:
Attachment:
Statement of Variability GLGSADC .pdf.pdf

ARKANSAS

COMPANY NAME: GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

RE: GLGSADP, GLGSADC, GLGSAD-AP

I hereby certify that I have reviewed the filing being submitted and find, to the best of my knowledge and belief, that each form is consistent and complies with the requirements of the Standard Valuation and Nonforfeiture Laws as outlined in Arkansas Regulation 19s10B.

I further certify that I am duly authorized to execute this certification on behalf of the Company.

11/12/ 2008
Date



Michael J. Gaisbauer, Vice President

C-AR1

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>		<u>SCORE</u>
Group Accidental Death Policy	GLGSADP	57.6
Accidental Death Insurance Certificate	GLGSADC	53.65
Group Accidental Death Application	GLGSAD-AP	N/A

Novmeber 10, 2008

Date



Michael J. Gaisbauer, Vice President

S-1351

Statement of Variability

Globe Form GLGSADC

Available Values for bracketed/variable sections of the form:

Policy Specifications - Page 1

Group Policy Number

Group number

Holder

Legal entity of the group

Certificate Number

Certificate/Policy number of insured

Certificate Effective Date

Date coverage begins

Insured

Name of the primary insured

Issue Age and Sex

Issue age of the primary insured. Issue Age range: 18-69

Gender of the primary insured.

Accidental Death Benefit

Amount of accidental death coverage for the primary insured.

Range: \$500 - \$20,000

Premiums

Premium amounts required to keep coverage inforce

Annual, Semi-annual, Quarterly, Monthly

<i>SERFF Tracking Number:</i>	<i>AMLC-125899428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>41910</i>
<i>Company Tracking Number:</i>	<i>GLGSADP</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accidental Death Policy</i>		
<i>Project Name/Number:</i>	<i>Group Accidental Death Policy /GLGSADP</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Group Accidental Death Certificate	11/12/2008	GLGSADC.pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184

ACCIDENTAL DEATH INSURANCE CERTIFICATE

Globe Life And Accident Insurance Company certifies that it has issued the Group Policy GLGSADP, and that the Insured named in this certificate is insured, subject to the terms and conditions of the Group Policy.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If the Insured does not want this coverage, the Certificate may be returned within 30 days after receiving it. We will then refund any premium paid and the Certificate will never have been in effect.

ACCIDENTAL DEATH BENEFIT

Upon receipt of due proof of the accidental death of the Insured while coverage on such Insured is in force, We will pay the Accidental Death Benefit shown in the Schedule of Benefits and Premiums. The Accidental Death Benefit Terminates on the Certificate Anniversary following the Insured's 70th birthday.

SCHEDULE OF BENEFITS AND PREMIUMS

GROUP POLICY NUMBER: [12345]

HOLDER: [ABC TRUST]

CERTIFICATE NUMBER: [123]

CERTIFICATE EFFECTIVE DATE: [November 01, 2008]

INSURED: [JOHN DOE]

ISSUE AGE AND SEX: [35/M]

ACCIDENTAL DEATH BENEFIT [\$3,000]

PREMIUMS:

ANNUALLY
[\$10.00]

SEMI-ANNUALLY
[\$5.20]

QUARTERLY
[\$2.65]

MONTHLY
[\$0.90]

DEFINITIONS

ACCIDENT: A fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY: Unexpected traumatic damage to the Insured's body, of external origin.

ACCIDENTAL DEATH: Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 180 days after the date of the Accident, directly and independently of all other causes.

BENEFIT: We will pay the Accidental Death Benefit shown in the schedule on page one of the certificate when We receive due proof of the accidental death of the Insured while the certificate is in force. The benefit for Your spouse, if any, will be the Accidental Death Benefit shown in the schedule on page one of the certificate. The benefit payable for the death of each of Your children, if any, will be one-third the Accidental Death Benefit shown in the schedule on page one of the certificate.

HOLDER: The legal entity named as the Holder on the Cover Page of the Group Policy.

WE, OUR, US, or COMPANY: Globe Life And Accident Insurance Company at Our Administrative Office in Oklahoma City, Oklahoma.

YOU, YOUR, or YOURS: The person to whom this certificate is issued. (Also referred to as the Certificate Holder.)

INSURED: An eligible person who is named in the Schedule of Benefits and Premiums.

AGE: The age last birthday of the Insured.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

CERTIFICATE ANNIVERSARY: Shall be determined from the effective date of the Insured's certificate.

EXCLUSIONS

The Policy does not cover death caused by:

1. Disease, sickness, infection, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, controlled substance unless taken on the advice of a physician;
4. Voluntary, gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Service in the military, naval or air services of any country (combat or training exercises);
6. Participation in any contest of speed or endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
8. Being under the influence of alcohol or other intoxicants, or under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol is that which is determined and defined by the by the laws of the geographical area in which the Accident occurred.
9. Air travel except as a fare paying passenger on a regularly scheduled flight;
10. Committing or attempting to commit an assault, felony, or any other illegal act;
11. Taking part in a riot, insurrection or terrorist act;
12. Skydiving, scuba diving, hang gliding or hot air ballooning;
13. War, or act of war, whether declared or not;
14. Injury intentionally inflicted by another due to participation in gang related activity unless You are an innocent bystander not involved in such activity.

PREMIUMS AND REINSTATEMENT

PREMIUMS: Premiums are payable beginning on the first certificate anniversary. The frequency or mode of premium payments as shown in the schedule on page one may be changed with Our consent. The change in frequency payments will then become effective on the next premium due date.

DEFAULT: If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

GRACE PERIOD: A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his or her insurance shall continue in force.

REINSTATEMENT: Coverage may be reinstated at any time within one year after default in premium payment, if:

- a) The Insured provides evidence of insurability satisfactory to Us; and
- b) All overdue premiums are paid.

CERTIFICATE HOLDER AND BENEFICIARY PROVISIONS

CERTIFICATE HOLDER: Unless provided otherwise:

- a. The person who completes the enrollment form applying for insurance coverage on an Insured is the Certificate Holder. The Certificate Holder has the right to receive every benefit and exercise every right regarding the insurance under his or her Certificate.
- b. If the Certificate Holder dies, all rights will be vested in the Insured.

BENEFICIARY: The Beneficiary shall be as designated in the enrollment form to receive any accidental death benefits payable. If there is no Beneficiary living or named, accidental death benefits will be payable to the Certificate Holder, if living; otherwise to the Certificate Holder's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

CHANGE OF BENEFICIARY: Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

TERMINATION OF COVERAGE: The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned, unless accepted by Us under the Reinstatement provision in the policy.

GENERAL PROVISIONS

PAYMENTS BY THE COMPANY: Payments by the Company are payable from Our Administrative Office.

PROOF OF DEATH: Written proof of Accidental Death must be given within 180 days after the Accidental Death of the Insured. If it was not reasonably possible to give written proof in the time required, We may not deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapable of doing so.

PHYSICAL EXAM OR AUTOPSY: We may examine each covered person when reasonably necessary for that person's pending claim. We may also ask for an autopsy unless prohibited by law. These will be done at Our expense.

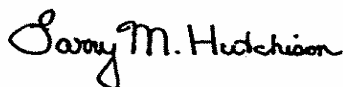
LEGAL ACTION: You cannot sue Us for benefits under the Group Policy sooner than 60 days after We have been provided with written proof of death as required. No such action may be brought after 3 years from the time written proof of death is required.

MISSTATEMENT OF AGE OR SEX: If there is a misstatement of age We will adjust the benefit to reflect the correct age of the Insured. If the Insured's sex is misstated in the enrollment form We will adjust the benefit as a result of any premiums unpaid or refund any excess premiums paid.

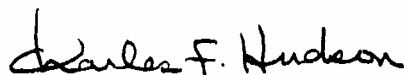
NONPARTICIPATING: The Group Policy is nonparticipating and does not share in the profits or surplus of the Company.

NO EFFECT ON WORKER'S COMPENSATION: The Group Policy does not alter any requirement for coverage by Worker's Compensation Insurance.

This certificate is signed for Us by Our Secretary and President.



Secretary



President